



Austin City Council: Provide Funding for Mental Health First Response Reforms

Mental health crises should be met with a health response

In response to the 2018 City Auditor's Report and requests from various grassroots organizations, City Council funded a Meadows Mental Health Policy Institute planning process to identify the right next steps for Austin. These changes focus on providing a health-based response to mental health crises that will reduce jail admissions, involuntary detention and force incidents. It's time for City Council to follow through on its commitment to our community and fund the Meadows recommendations, recommendations that could have saved the lives of Mauris DeSilva (2019), Morgan Rankins (2017), David Joseph (2016), Micah Jester (2016), and many others. Austin should strive for ZERO deaths at the hands of those sent to help in a mental health crisis, and these recommendations will help us get there.

Mental Health 1st Response

- Health crises should be met with a health response
- Improved training and additional clinicians are needed to address current needs
- Funding should come from the Public Safety budget

Reforms are needed along the spectrum of intervention.

Sending a more appropriate medical response starts at the call center. Callers using 911 should be given a new list of initial options, one that includes "mental health." Dispatch should be trained on how to identify and respond to mental health calls, and a mental health clinician should be installed within the call center to assist with triage. Given that only 3.6% of mental health crisis calls currently receive a response from EMCOT, it is abundantly clear that additional clinicians need to be hired. Live clinicians are needed to respond rapidly to high acuity cases (e.g. suicide risk), which would be best achieved by hiring mental health clinical staff at EMS, particularly in districts where use of force is highest. If additional clinicians are needed to respond to low acuity cases, this could be achieved by adding tele-health services at EMCOT. EMS's Community Health Paramedic program should be expanded, to further support their prevention work and to shift mental health follow-up visits out of APD. Instead of limiting mental health crisis intervention training to CIT officers, all officers should be provided with this training. And finally, to ensure the City's investment achieves its goals, call center data should be compiled quarterly, including outcomes of all mental health calls, and the Office of the City Auditor should audit this data and report back to City Council.

Funding should come from the City's Public Safety budget

The Austin Public Safety Commission recently voted its unanimous support for funding mental health first response reforms, highlighting the fact that mental health crises are a public safety concern. Austin added \$30 million to the police budget last year, and proposes to add another \$17 million this year, bringing the total police budget to \$434.5 million (39.5% of our city budget). While increases in civilian staff, technology, and the crime lab are necessary, it is not necessary to invest \$3.6 million in 30 new officers, since shifting mental health first response to EMS would free up roughly 15 officers to invest in other activities. Given the Meadows research finding that the CIT stipend constrains officers' availability to respond to calls, this stipend should be eliminated, freeing up an additional \$500K.